



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY ARMOR CENTER AND FORT KNOX
199 6TH AVENUE, SUITE 333
FORT KNOX, KENTUCKY 40121-5720

REPLY TO
ATTENTION OF:

Expires 30 January 2008

IMSE-KNX-PL (385)

30 January 2006

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Commanders, Fort Knox Partners In Excellence
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: Fort Knox Policy Memo No. 5-06 – Medic Support to Training

1. References:

- a. Fort Knox Reg 385-22, Range Regulation (Training/Impact Areas), 1 December 2000.
- b. AR 385-63, Range Safety, 19 May 2003.
- c. TRADOC Reg 350-6, Enlisted Initial Training (IET) Policies and Administrations, Appendix M, 30 December 2005.

2. The purpose of this policy is to outline the standard for medical support of personnel and equipment during training. My intent is to ensure the safety of all personnel in our training complex.

3. Fort Knox employs a combination of area (hub medic method) and point (on-site method) medic support to ensure the most efficient and effective coverage of high-risk training in the range complex.

a. Fort Knox methodology provides hub support for certain adjacent, close proximity ranges. Under this concept, four area hubs are established at Fort Knox. Medics, with Front Line Ambulance (FLA), are positioned centrally in their respective hubs to ensure minimum response times to adjacent ranges. Medics must respond to emergencies at all ranges in the hub within 7½ minutes of notification. All high-risk training in each hub requiring a 91W medic, as well as Combat Life Saver (CLS)-supported ranges and range roads, will be supported by the hub medic. All training areas within each hub will also be supported by the hub medic.

b. Fort Knox assesses overhead fire infiltration training, night infiltration training, and convoy live fire as high-risk training. As a result, an on-site medic is required. The on-site medic at these events can also serve as the area hub medic. Additionally, training at remote facilities requires on-site medic support solely because their remote locations prevent adequate hub response times. These locations include Yano, Cedar Creek, and Zussman Ranges. All other

training will be supported by the hub medic who can respond within established timelines. These events include grenade and rocket ranges, live fire and maneuver, complex maneuver (AOB/BOLC III Gauntlet and BNCOC FTX), armor gunnery, indirect fire, demolitions training, MOUT (military operations on urbanized training), and railhead operations.

c. Any repositioning of the medic within a hub or MEDEVAC requirement that causes the medic to leave the hub will cause training in that hub to stop until the medic returns to the assigned hub, or a replacement medic is assigned.

4. The minimum requirement for all training in the Fort Knox training complex is CLS with ground evacuation. In addition to the CLS support, the following will be met:

a. All units (including those external to Fort Knox) conducting any of the following training events at the Fort Knox training complex will support the following events with a 91W medic, FLA coverage. The hub medic must be stationed at the on-site location to support these events. If more than one on-site training event is being conducted within the same hub zone, or if it is deemed that high-risk training at two extreme points within the hub cannot be supported by one on-site medic, Range Branch, in conjunction with the Armor Branch Safety Office, may direct additional medic coverage within the hub. The following events require an on-site medic with FLA:

- (1) MOUT.
- (2) Overhead Fire Infiltration Course and Night Infiltration Course.
- (3) Convoy Live Fire.
- (4) Armor Gunnery and Indirect Live Fire at Cedar Creek and Yano Range.

An on-site medic can also be the hub medic.

b. In the event that on-site medic-required training is conducted at adjacent ranges, such as Benavidez and Donnely, Range Branch will position the hub medic at one of the two ranges to facilitate the on-site medic requirement for both events.

c. The following training events must be supported by an on-site unit CLS with hub medic support and prepared to respond within 7½ minutes of notification. If there is not a requirement for an on-site medic within the hub, the hub medic will be positioned by the Range Branch Firing Desk (RFBD) to ensure the greatest degree of centralized support.

- (1) Grenade and Rocket Ranges (HE).

IMSE-KNX-PL

SUBJECT: Fort Knox Policy Memo No. 5-06 – Medic Support to Training

- (2) Live Fire and Maneuver (Mounted, Dismounted, or Combined).
- (3) Complex Maneuver (AOB/BOLC III Gauntlet and BNCOC FTX).
- (4) Armor Gunnery and Indirect Live Fire.
- (5) Demolitions.
- (6) Railhead Operations.

5. All medics supporting high risk training at Fort Knox are under direct operational control of the RBFD.

a. Medics will be positioned by the RBFD to support Fort Knox policy. On-site and hub medics are required to coordinate with Range Branch prior to the training event and maintain redundant communications (FM, VHF, and cell phone). Hub medics will occupy Range Branch-approved locations and be prepared to arrive at the site of injury at all ranges within the assigned area within 7 ½ minutes of notification.

b. Units are reminded that the mission of medics is to support all training in the Fort Knox range complex and provide immediate MEDEVAC as required. They will not be utilized to conduct or assist in additional unit training or participate in any activity that could degrade their ability to respond quickly and effectively to range emergencies.

6. Hub Medic Support Areas:

a. Area #1:

- (1) CP37.
- (2) CP38.
- (3) Training Areas 8, 9, and 10.

b. Area #2:

- (1) Zussman MOUT Site.
- (2) Wilcox Multi Purpose Range Complex.
- (3) Reardon Hollow Demo.

IMSE-KNX-PL

SUBJECT: Fort Knox Policy Memo No. 5-06 – Medic Support to Training

(4) Training Areas 16, 17, and 18.

(5) Andrew's Shoot House.

(6) Red Wings Village.

(7) Anaconda Compound.

c. Area #3:

(1) Benavidez.

(2) Ashley.

(3) Christenson.

(4) Boydson.

(5) Kennedy.

(6) Miller.

(7) McFarland Oliver.

(8) Donnelly.

(9) Mill Creek Demo.

d. Area #4:

(1) St. Vith.

(2) Hackett.

(3) Baum.

(4) Training Areas 2, 3, and 4.

7. Hub support will be adjusted per changes in road and weather conditions, and the Range Branch will direct on-site coverage as required. External units must provide their own on-site medical support for all high-risk training or request support during initial coordination with this installation at least 6 weeks before the training event.

IMSE-KNX-PL

SUBJECT: Fort Knox Policy Memo No. 5-06 – Medic Support to Training

8. All training units (internal or external) utilizing Fort Knox 91W medic support are required to provide a licensed FLA driver and coordinate with Fort Knox medics for linkup.


9. Range Branch will conduct monthly ground MEDEVAC rehearsals and quarterly combined air and ground rehearsals. Real world MEDEVAC will count as a rehearsal.

10. The Ireland Army Community Hospital (IACH) will conduct quarterly inspections of each unit's medical aid and CLS bags to ensure proper maintenance. Additionally, all TRADOC medics assigned to Fort Knox will attend Medical Proficiency Training (MPT) at IACH. Major subordinate commands will contact IACH to coordinate a schedule for accomplishing this task. My intent is for each 91-series Soldier to spend at least 2 weeks each fiscal year working in the hospital.

11. Units will select eligible medical personnel to participate in Expert Field Medical Badge (EFMB) training. Units who do not have the ability to conduct this training will coordinate with those who do. Testing for the EFMB will be conducted at the nearest Army medical department-certified test site.

12. This policy is designed to provide the most effective utilization of 91W medic support to save Soldiers lives when they commit themselves to realistic and challenging training. It reflects an investment in trust, with all Soldiers, that the Army will look after its own when they face the inherent risk of their daily work.

FOR THE COMMANDER:


MARK D. NEEDHAM
COL, AR
Garrison Commander

DISTRIBUTION:

A